the Essential Commodities Act and Prevention of Black Marketing and Maintenance of Supplies of Esscntail Commodities Act etc. by the State/UT Governments. The State Govt, of Assam has also taken steps to control the prices by interaction with the traders, regular reviewing of the stock position and initiating action against black marketeers and hoarders etc.

Theft of Rice from FCI Godown

3415. SHRI RAJ NATH SINGH: Will the Minister of FOOD AND CONSUMER AFFAIRS be pleased to state:

(a) whether it is a fact that an amount of approximately 15 lakh Tonnes of rice has been stolen from the Food Corporation's Godown last year;

(b) if so, the action taken by Government in this regard and result thereof; and

(c) if no action has been taken, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF FOOD AND CONSUMER AFFAIRS (SHRI SATYAPAL SINGH YADAV): (a) An amount of 85.781 MTs of rice worth Rs. 10,60,239,00 was stolen from FCI's godowns during the year 1997-98.

(b) theft cases have been reported to Police Authorities for taking further necessary action. In addition, departmental action has also been initiated against erring officials/officers.

Out of total stolen rice, recovery has been made/ordered in respect of rice weighing 76.241 MTs worth Rs. 9,95,646.00. , Departmental action has been initiated against 24 FCI personnel. 6 alleged thieves (non-FCI persons) were apprehended by Police in connection with above theft cases.

(c) Does not arise in view of (b) above.

WHO'S prediction regarding death of one million wonicit due to T.B.

3416. DR. D. VENKATESHWAR RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Health Organisation has predicted that one million women will die of T.B. this year; and

(b) if so, the measures taken in India to control the disease efficiently?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAl): (a) and (b) No, Sir. However, to control TB the Government has introduced the Revised National TB Control Programme with World Bank assistacce and the revised strategy will be implemented in 102 districts of the country over the next 3 years, with the objective of achieving a cure rate of 85% in these districts against the national average of 30%.

Functioning of Jipmcr Hospital, Pondicherry

3417. SHRI C. P. THIRUNAVUKKARASU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether he had recently made a surprise visit at JIPMER Hospital, Pondicherry and said that the functioning of the Hospital is alarming and bad;

(b) if so, whether any steps have been taken to improve the functioning of the Hospital;

(c) whether the Committee has appointed to ascertain the functioning of the Hospital, and

(d) if so, whether any report was submitted by the Committees, and any action was taken on that report?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND

FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (d) A team of officers was deputed in April, 1998 to look into various aspects of the running of the JIPMER, Pondicherry. The team made several recommendations for effecting short-term and long-term improvements in the Institute. The recommendations include improvements to be made in various facilities in the Hospital, modernisation of Hospital, wa.stc management and the need to conduct a special audit, the Director of the Institute has been asked to implement the recommendations that are within his competence. In respect of certain irregularities pointed out by the Committee, the report is receiving the attention in Vigilance Department in consultation with the Central Vigilance Commission.

Community Health Centres and Primary Health Centres functioning in Tribal areas of Orissa

3418. SHRI BHAGABAN MAJHI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of Community Health Centres and Primany Health Centres setup in the State of Orissa so far;

(b) how many of them are functioning in the tribal areas of the State;

(c) whether Government propose to provide adequate health care in the tribal areas of the State during Ninth Five Year Plan; and

(d) if so, the details of the programme of Government in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) As on 31.12.97, there are 1352 Primary Health Centres-and 157 Community Health Centres in the State of Orissa.

(a) As on 31.12.97, there are 349 Primany Health Centres and 46 community Health Centres in tribal areas of Orissa.

(b) and (d) (i) During 9th Five Year Plan, facilities in tribal areas including Orissa under the Reproductive and Child Health Programme, will be strengthened through projects designed for specific tribal populations in consultation with State Governments and specialist organisation Interventions being provided under various National Health Programmes *viz,* Malaria, Leprosy, Blindness, tuberculosis etc. will continue to be implemented during 9th Plan in all the States including tribal areas. Primary Health care services in all the States including tribal areas of Orissa will be further strengthened through provisions under Basic Minimum services Programme.

(ii) Three tribal districts *viz.* Mayurbhanj, Sundergarh and Koraput have been fully covered under the Integrated Tribal Development Project and 12 other partly tribal districts in Orissa have been covered by tribal Sub-Plan.

(iii) A district sub-project under Reproductive and Child Health Programme is being implemented in Kalahandi district of Orissa, a tribal area, with the World Bank assistance, the project is being implemented with effect from September, 1997 for a period of 5 years at a total cost of Rs. 15 crores. This project aims at improving the health and family welfare status of the population in the district to bring them on par with the rest of the States by providing inputs for construction of sub-centres and for providing additional facilities to Primary Health Centres.

Special schemes to encourage family planning

3419. SHRI P. PRABHAKAR REDDY: Will the Minister of HEALTH